

Laboratory-based Active Surveillance for *Campylobacter* Infections, CDC Emerging Infections Program Sites, 1996

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Background: *Campylobacter* infection is the most commonly diagnosed foodborne illness in the United States, yet limited population-based epidemiologic data on *Campylobacter* infection are available. As part of the CDC Emerging Infections Program's Foodborne Disease Active Surveillance Network (FoodNet), we collected population-based data on *Campylobacter* infection among the estimated 14.28 million residents of the five FoodNet sites from January 1 to December 31, 1996.

Methods: Culture confirmed cases of *Campylobacter* infection from the five FoodNet sites were analyzed by demographic and outcome information.

Results: 3,359 cases of *Campylobacter* were identified with an incidence that varied from 12 per 100,000 in GA to 57 per 100,000 in CA. *Campylobacter* was the most common foodborne pathogen detected overall in the FoodNet sites followed by 2,069 culture-confirmed cases of *Salmonella*. Age-adjusted incidence of *Campylobacter* infection was highest in patients less than one year of age in all FoodNet sites. The incidence in patients less than 1 year of age ranged from 30/100,000 in GA to 216/100,000 in CA. 327 (9.7%) *Campylobacter* patients were hospitalized, 28 (0.8%) cases had a bacteremia. Four patients died. Hospitalized patients stayed a median of 3 days (range <1 to 76) for a total of 1,507 person-days with *Campylobacter* infection. All study sites showed some seasonality with a peak in cases typically seen in June, July, or August.

Conclusion: *Campylobacter* is the most commonly diagnosed foodborne pathogen nationwide resulting in substantial health care costs and lost productivity. Although it is difficult to generalize these findings to the entire U.S. population due to the wide variability between sites, FoodNet data suggests there may have been over 62,000 culture-confirmed cases and nearly 28,000 person-days of hospitalization due to *Campylobacter* infections in 1996. Additional population-based epidemiologic studies are necessary to evaluate risk factors, particularly among children, and to suggest preventive measures.

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